

# The Haven Practice

## Application Form for Online Services Patient Access

I would like to apply for access to book Appointments, order Repeat Prescriptions and have access to my Medical Record online, this would include, viewing Letters and attachments, Test results and Immunisation history, Consultations, update Contact details.

**ID is not required if you are an active registered Patient.** Passwords can only be given to patients in person and not by email or post and will be ready at Reception for collection within five working days.

Patients Name:	
Date of Birth:	
Home Tel:	
Mobile No:	
Email Address:	
Patients Signature:	
Date:	
Where the patient is under the age of 14, online access may be applied for by a person holding Parental Responsibility. All patients attaining the age of 14 years will be required to apply for access for this service to be continued. If the Patient is between the age of 14 and 16 they can consent to the person holding Parental Responsibility to have access, please complete below.	
Name of person holding Parental Responsibility:	
I consent to the person above holding Parental Responsibility to have access to my records:	
Signature:	
Date:	

- I understand I will not be able to use this code to book appointments/order repeat prescriptions, access medical record for any other patient
- I understand that I remain responsible for notifying the Practice of any change in contact details
- I understand that I remain responsible for attending or cancelling appointments
- I understand that the Practice reserves the right to withdraw this access if this service is used inappropriately.

**Email to: [BHCCG.TheHaven@nhs.net](mailto:BHCCG.TheHaven@nhs.net)**